



STATE OF CALIFORNIA  
**Court of Appeal**  
OFFICE OF THE CLERK  
FIRST APPELLATE DISTRICT  
350 McALLISTER STREET  
SAN FRANCISCO, CA 94102-4712

**REQUEST FOR ORAL ARGUMENT**

INSTRUCTIONS: If oral argument is not requested within 10 days after notice, the court will deem oral argument waived. If requesting oral argument, complete this form and return it to the clerk's office with **PROOF OF SERVICE ON OPPOSING COUNSEL**.

Pursuant to California Rules of Court, rule 8.256 (c), **only one counsel may argue for each separately represented party**. Please indicate only the person that will be arguing in No. 5.

Counsel may elect to present oral argument either by personal appearance or by telephone conference call. Check the appropriate line under No. 1. If counsel requests oral argument by telephone conference call, a fee of \$20 must be paid at the time oral argument is requested.\* Make the check payable to the Court of Appeal, attach it to this form and return it to the clerk's office. *Please Note: Teleconference calls made outside the geographic boundaries of the First Appellate District will be made collect.*

1. Request for oral argument by: \_\_\_\_\_ Personal appearance

\_\_\_\_\_ Telephone conference call

Conference call number: \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Division No. \_\_\_\_\_

4. Title of Case: \_\_\_\_\_

5. Name of Person Arguing: \_\_\_\_\_ 6. CA Bar # \_\_\_\_\_

7. Attorney for: \_\_\_\_\_

Check One:      Appellant      Respondent      Real Party in Interest

\_\_\_\_\_  
Signature of person requesting argument

\* Except that no fee shall be charged to court-appointed counsel in any criminal, juvenile or civil case, or to the Attorney General or governmental agency.